

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18722

State File No.

Registrar's No.

FILED JUN 11 1943 79

Primary Registration District No. 5956

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Rural, Calumet
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all life _____ (Specify whether)
years, months or days

3. (a) PRINT
FULL NAMEWalter E. Triplett

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex MO

5. Color or

race W

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased.

July 3 1890
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

721019

hr.

min.

9. Birthplace.

(City, town, or county)

(State or foreign country)

10. Usual occupation.

Farmer

11. Industry or business.

MOTHER FATHER

12. Name.

Marion Triplett

13. Birthplace.

Lincoln

(State or foreign country)

14. Maiden name.

Marion Lemery

15. Birthplace.

Ill.

(State or foreign country)

16. (a) Informant.

E. L. Triplett

(b) Address.

Elk River, Mo.17. (a) Rural

(Burial, cremation, or removal)

(b) Date thereof.

May 24 43
(Month) (Day) (Year)

(c) Place: burial or cremation.

Elk River Cemetery

18. (a) Signature of funeral director.

W. B. Bradley

(b) Address.

Elk River19. (a) May 24 43

(Date received local registrar)

Dr. H. H. Roberts

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 39 minute A M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him alive on 5-12- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Mitral Regurgitation

Duration

Due to _____

Due to _____

Other conditions.

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature C. L. B. Roberts (M. D. or other)Address 5-24-43 Paysonville, Mo. Date signed 5-24-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 6-43-1067

Date Filed JUN 10 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. June
Registrar's No. _____

Registration District No. (279)

Primary Registration District No. 15957

1. PLACE OF DEATH:

- (a) County 1 Pipe, Calumet
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAME Walter C. Triplett

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased July 3
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 19 If less than one day
in min

9. Birthplace Calumet Pipe, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 2
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death myocardial infarction
regurgitation

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
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charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
_____ (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-18722